

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.
10/018316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				C		
6				1		
7				1		
8				1		
9				1		
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TOTAL IND.			1			
TOTAL DEP.			18			
TOTAL CLAIMS			19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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